

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.H.		7/19/00
O.I.P.E. CLASSIFIER		48	7/12/00
FORMALITY REVIEW	RT	515	8-28-00
RESPONSE FORMALITY REVIEW	ph	854	11-8-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	7/19/00
2	7/19/00
3	7/19/00
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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